

Professional Counselor

NEWS

Volume 1

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A publication of the Virginia Board of Professional Counselors

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An LPC

In The Spotlight

Strosnider is a pioneer in a medical setting

In 1984, J. Steve Strosnider, LPC, was chosen to build and administer a counseling and psychology department at Salem's Lewis-Gale Clinic.

Lewis-Gale is the largest medical clinic of its kind in Virginia and the second largest on the east coast.

Strosnider had previously been an administrator for ten years in the public community mental health system. He had extensive experience in both inpatient and outpatient counseling settings. It was his broad clinical experience coupled with his achievement of the professional counselor license that prepared him for the Lewis-Gale position.

Since 1984, the department has grown from three part-time clinicians to a total of five full-time clinicians and two part-time clinicians. The staff is a multi-disciplinary team consisting of five clinical psychologists and two licensed professional counselors, including Strosnider.

The department has been widely accepted by Lewis-Gale physicians. Future additions to the department are planned, including the addition of a doctoral level psychology intern, as the department recently was approved as a training site for an APA approved internship.

It is quite rare for a non-physician therapist to function in a role similar to that of the counseling and psychology department of Lewis-Gale Clinic.

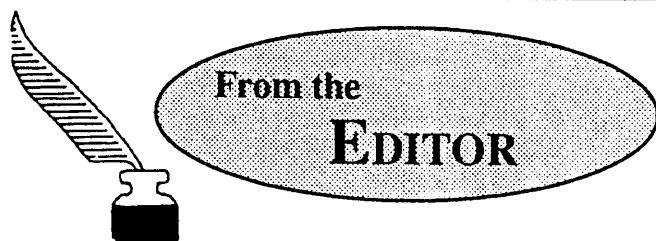
Continued on Pg. 6

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Department of Health Professions



By C. Eileen Welch, C.P.C.

As a citizen member of the Board of Professional Counselors, I feel a responsibility to see that the members of the commonwealth are thoroughly informed about the Board's responsibilities.

I am an advocate of consumers' rights on both sides of the issue. I believe the general public should be served by ethical and well trained professional counselors and that the professional counselors should not be so over-regulated that the field becomes restricted to an elite few.

In my short term of office, I have observed the diligence with which the licensed professional counselors on this Board execute their responsibility and I am impressed with their concern for the fairness of the regulations they enforce. There is a heavy responsibility on the shoulders of these board members and they take their duties very seriously.

The intent of this newsletter is to provide readers with a means to learn up-to-date information about the issues with which this Board is concerned. This newsletter should not become just another piece of professional literature that is put into the "to read" pile, but an informative piece that will encourage the reader to become a concerned citizen of the commonwealth well informed about the issues that impact on this profession.

This newsletter will be published bi-annually. Future issues will include a summary of the Board's actions over a six month period and lists of new professional counselor licenses and substance abuse counselor certifications issued. Letters to the editor are welcome. Suggestions and comments will not be published, but will be taken into consideration in future issues.

A typical licensee

How close do you come?

In 1989, the Board of Professional Counselors conducted a statewide survey of its licensees. The following profile summarizes the results.

The typical professional counselor in Virginia can be described as a very well-trained professional who exceeds minimal training requirements for licensure. The average professional counselor practices mental health counseling in a major metropolitan area. This typical LPC is in a full-time group practice comprised of psychiatrists, psychologists, clinical social workers and psychiatric nurses. He or she is a middle income professional whose practice serves insured adolescent, young, and middle age adults.

The typical treatment approach involves clinical and non-clinical treatment interventions and fits a brief psychotherapy mode of 15 sessions. Clinical treatment strategies involve affective, behavioral, cognitive and systemic interventions.

The current popularity and effectiveness of cognitive-behavioral individual therapy and structural, strategic and problem-solving family therapy counseling techniques are reflected in the typical professional counselor's frequent preference for and use of these psychotherapeutic interventions.

Objective assessment techniques using standardized tests is an area of practice where the typical LPC demonstrates good professional judgement, carefully employing those instruments and techniques that are within his or her training and competency.

The typical LPC prefers the addition of annual professional continuing education requirements for license renewal.

More results of this survey will be reported in the next edition of your newsletter.

A LETTER FROM THE CHAIRMAN . . .

Dear Licensed Professional Counselors:

Professional counseling as a licensed behavioral science profession in America was born in the Commonwealth of Virginia in 1976. Since then, the profession has matured. Practitioners such as you have been providing counseling services to Virginians with increasing respect and appreciation from mental health care consumers, business and industry and the broader health care industry. The most recent decision by the Capital Area Blue Cross and Blue Shield to recognize you as health care providers is testimony to the continuing recognition you command in this State.

While these accomplishments speak to past achievements, the next decade poses a new set of challenges. A recent news release from the Department of Health Professions tells of the challenge in the decade of the 1990's. Mr. Bernard L. Henderson, Jr., the department director, said in the release that standards of care issues rank first as the most common complaint from health care consumers in Virginia. There are several factors that suggest to me that emerging trends in professional counseling will demand that practitioners commit themselves to higher standards of care. Standards of care complaints will continue to increase in the future and the profession of counseling will see an increased proportion of these complaints. There are several factors that lead me to this observation.

Five discernible forces shaping our counseling in Virginia and across America include: (a) growing demand for quality mental health counseling; (b) greater public awareness and health care consumerism; (c) increasing demands for quality assurance, accountability and containment of mental health care costs; (d) a progressing state-by-state wave of credentialism and licensure and (e) a national emphasis on counselor professionalism. These converging forces will positively impact on the profession of counseling in the 1990's. The 1990's must be a decade of definitive standards of practice in professional counseling.

The counseling profession in Virginia will reach a significantly higher level of professional maturity in the coming decade. We will attain a higher level of professionalism through influences of public consumerism, through the initiative of individual practitioners and through the influence of the profession as a collective whole. In subsequent newsletters, I would like to inform you about the important work being done by your Board to assist you in meeting and benefiting from future professional challenges and opportunities.

I thank you for the opportunity to serve you.

Donald Anderson, Ed.D.
Chairman
Board of Professional Counselors

How complaints are handled

They cover a wide range of violations

By Ramona B. Stenzhorn, Ed.D
Chairman, Discipline Committee

Complaints received by the Department of Health Professions or the Board of Professional Counselors may allege a range of violations and come from a variety of sources, including consumers, other licensees, investigations personnel, board members and employers.

The complaints may involve drugs and their alleged diversion, over-prescription, improper record-keeping, misuse or abuse by licensees, standards of care, criminal convictions of licensees and disciplinary actions taken against licensees by other states.

Licensees found guilty of drug-related violations are subject to disciplinary penalties imposed by the appropriate regulatory board as well as criminal prosecution by courts of law.

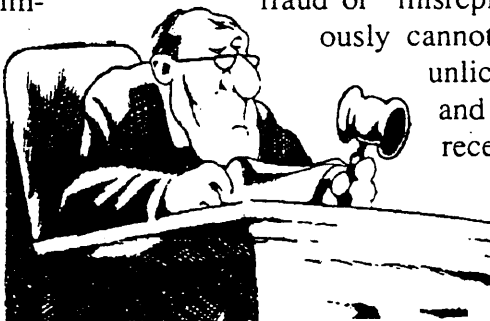
Complaints alleging a breach of a standard of care refer to the care owed to a patient in examination or treatment. Standard of care means that degree of skill or measure of competence which a practitioner should exercise in his professional dealings with another individual under the same or similar circumstances. A breach of the standard of care means the practitioner failed to conduct his practice in the manner established by the custom, practice, education and experience of most practitioners within that branch of the healing arts.

Complaints of unethical business practices may involve allegations of false or misleading advertising as well as more general claims of immoral or illegal conduct. Such complaints don't always fall within a board's regulatory jurisdiction. Fee disputes and

contractual obligations are generally civil matters relating to a licensee's business practices over which boards have no jurisdiction.

If the complainant believes a civil cause of action exists, that individual should contact an attorney to pursue the matter, even if a complaint is filed with the Department or Board.

Businesses or individuals practicing a regulated activity without the required license may not only be guilty of violating the Board's regulation but could be criminally prosecuted under statutes dealing with fraud or misrepresentation. While boards obviously cannot sanction a license in a case of unlicensed activity, they can issue cease and desist orders. Individuals who receive a cease and desist order are requested to respond, affirming compliance.



The Board of Professional Counselors during the past year received 22 complaints against licensees. The complaints covered a range of possible violations. The status of the complaints for 1989 is as follows:

- Seven cases closed due to practice in exempt agencies or because of insufficient evidence to proceed further.
- Nine informal conferences held; consent orders offered.
- Two formal hearings held; full Board recommendations.
- Four cases still pending.

There are, also, currently ten (10) complaints being investigated by the Department of Health Professions' Investigations Division.

Continued on Pg. 5

COMPLAINT HOTLINE

1-800-533-1560

Complaints . . . Continued from Pg. 4

The completed investigative reports are reviewed by the Discipline Committee of the Board of Professional Counselors to determine whether the Board has jurisdiction over the matter and if there is sufficient evidence to substantiate a finding of "probable cause."

As used in this context, "probable cause" means sufficient evidence to support a reasonable belief that one or more specific statutes or regulations may have been violated (Black Law Dictionary, 1979).

If there is a finding of jurisdiction and "probable cause," a further recommendation is made to conduct either an informal conference or a formal hearing. If the recommendation is to proceed informally, then additional recommendations are made regarding the terms of a consent order to be offered.

"Planned intervention" process explored

When can fee be charged?

By John K. Connors, M.Ed., L.P.C., C.S.A.C.

Recently we have received inquiries about the legality of Certified Substance Abuse Counselors conducting interventions with substance abusers in order to get them into treatment. A case in question involved a counselor who was working under the supervision of a licensed therapist.

The questions raised were: (a) is this "intervention" within the scope of practice of substance abuse counseling? and (b) is a certified substance abuse counselor, working under supervision of someone licensed to provide substance abuse treatment in the commonwealth, allowed to charge a fee for providing this service to a client.

Vernon Johnson, in his widely acclaimed book, "I'll Quit Tomorrow", outlines a strategy for getting alcoholics who are in denial of their illness into treatment.

Until Dr. Johnson developed his intervention plan in the 1960's, it was presumed that an alcoholic had to lose virtually everything before hitting bottom. However, Dr. Johnson found a way to "raise the bottom" so the alcoholic could be brought into treatment at an earlier stage of the illness, often before much of the physical, spiritual, social and emotional damage had been done.

Dr. Johnson's process involves a trained counselor working with "significant others" to "create a crisis" in the life of the alcoholic and force him into treatment. Often the alcoholic is not involved in this process until actually confronted by family, friends and employers.

The "Planned Intervention" process is a widely accepted practice by individuals in the substance abuse treatment field.

Clearly, conducting interventions is within the scope of practice of substance abuse counselors. The question is, when can a client be billed for this service if it is conducted by a Certified Substance Abuse Counselor? The law says a Certified Substance Abuse Counselor is "a person certified to provide substance abuse counseling in a state-approved public or private substance abuse program or facility" There is no provision in the law for a Certified Substance Abuse Counselor to practice privately.

Therefore, participation in "Planned Interventions" by Certified Substance Abuse Counselors is clearly within their scope of practice, as long as they are not charging a fee.

Planned Interventions are powerful tools in helping chemically dependent individuals get into treatment at an earlier stage of the illness. But they must be treated with respect and used carefully to avoid doing more harm than good.

Strosnider . . . Continued from Pg. 1

Most established medical groups refer patients in need of psychotherapy and evaluative services elsewhere. At Lewis-Gale Clinic, an entire continuum of medical and psychological services has been established. As with other professional counselors across Virginia, Strosnider's role shows that LPCs do provide leadership and have parity with other medical professionals.

"To be accepted by the medical community, the non-physician therapist, including the professional counselor, must first gain the confidence of the physician by demonstrating competence and providing good communication back to the referring physician," according to Strosnider. Although the counseling and psychology department is in a medical setting, the clinicians function on a completely autonomous basis.

Secondly, non-physician therapists must assume, accept and feel comfortable in their role in the continuum of medical care. As such, non-physician therapists must respect and recognize the expertise and differing philosophies of other health care specialties and learn to co-exist with these groups while at the same time not compromising their own treatment philosophies," says Strosnider.

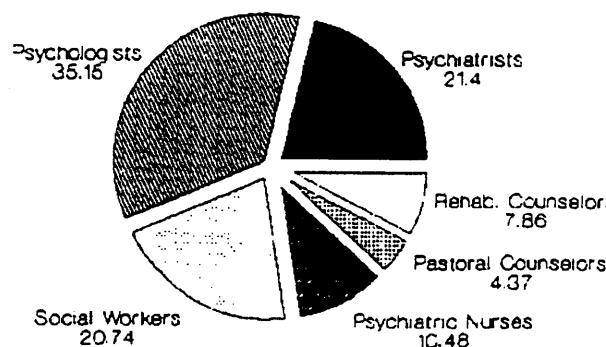
Harmonious role

All LPCs in one form or another provide services on the continuum of patient care. Strosnider's role as a professional counselor, however, is one of working in direct harmony with physicians in a large medical setting.

Trends in the direction of multi-disciplinary clinical teams of licensed professional counselors, licensed clinical social workers, psychologists, psychiatric nurses and psychiatrists working together suggest that many other licensed professional counselors will find themselves in similar work settings.

The nature of professional counseling practices and the composition of group counseling practices in Virginia are illustrated by the following chart:

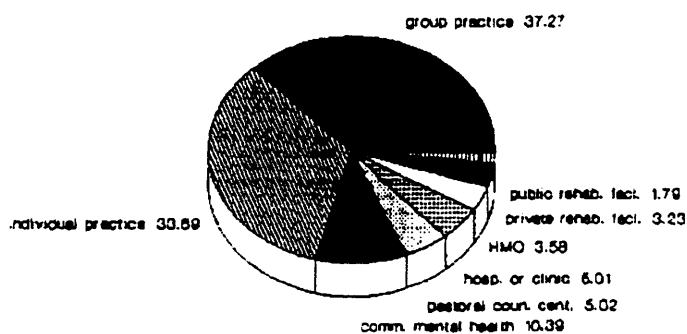
Professional Staff Composition



values are percentages

Data taken from a 1988 comprehensive survey of licensed professional counselors in Virginia:

Primary Work Settings of LPC's



values in percentages

(Recommendations of other practitioners to spotlight in the Professional Counselor News are welcome. Please send suggestions to the Editor at the office of the Board of Professional Counselors.)

How Board and associations interface

Each plays different but very important role

By Jean Sidley, M.Ed., L.P.C.

The Board of Professional Counselors and state-wide professional counseling organizations, specifically the Virginia Counselors Association (VCA) and the Virginia Association of Clinical Counselors (VACC), have distinct and unique roles to play in the continuing well-being of the profession of counseling.

At times, there has been confusion regarding the appropriate roles of each. This article will try to clarify the functions each serve.

The Board of Professional Counselors is mandated by the Code of Virginia to regulate professional counseling in accordance with the laws of Virginia.

One function of the Board is to establish regulations for conducting the business of the Board and overseeing their implementation. These regulations stipulate how licensure is granted and maintained and how disciplinary action is taken when licensees are not conducting practices in a competent or ethical manner.

Close liaison

The Board is also mandated to cooperate and maintain a close liaison with other professional boards and the community to ensure that the regulatory system stays abreast of community and professional needs.

In contrast to the regulatory function of the Board of Professional Counselors, professional organizations such as VCA and VACC work to support and advance

the profession of counseling and stimulate its growth and quality.

VCA is the professional organization which embraces and supports the broad scope of counseling in Virginia, ranging from areas such as higher education counseling, school counseling and vocational counseling to clinical counseling.

Under the VCA umbrella are divisions which focus on a particular specialty of counseling. One of these divisions is VACC, which is dedicated to the issues of licensed professional counselors and clinical concerns of mental health counseling.

These organizations provide opportunities for stimulation and growth to members through yearly conventions, workshops and meetings of their regional groups. It's through these organizations that political advocacy for counseling needs and changes in the state can be pursued.

VCA and VACC testify

VCA and VACC play an important part in helping the Board of Professional Counselors stay abreast of the practices and needs of the profession. This is done through testimony at Board of Professional Counselors' meetings and liaisons with the Board.

For further information about VCA or VACC contact:

Dr. Peter Warren, President, VCA
(804) 522-8482

Mr. Clayton Maguire, President, VACC
(804) 486-6955

Report on the 1990 AASCB convention

Counselor supervision issue not resolved

By John K. Connors, M.Ed., L.P.C., C.S.A.C.

The American Association of State Counseling Boards held its annual convention in New Orleans February 2-4 of this year. Your delegates to the convention, Dr. Richard S. Luck and John K. Connors, faced an agenda crowded with many issues of great consequence to our still-developing profession.

The decisions made by this organization will greatly influence the regulations adopted in many of the 27 states that now license or certify professional counselors.

Counselor supervision issues were dominated by an attempt to define the responsibilities of the supervisor and to differentiate between supervision and consultation. There seems to be a need to differentiate between clinical supervision and administrative supervision of counselors in training.

This complicated issue was not resolved but was referred back to a committee, chaired by our own Dr. Luck, for further study.

Most states have adopted the National Counselor Examination (NCE) offered by the National Board for Certified Counselors (NBCC). However, this exam has been criticized as being too academically oriented and not based on a task-analysis of the counselor's job.

Two years ago the AASCB sought proposals to develop a new examination that would be more task-based. This year the board decided to pursue development of this exam in conjunction with the NBCC. It is expected that the development of this test will take one or more years but, when finished, should yield an examination that more accurately tests those skills used by counselors in practice.

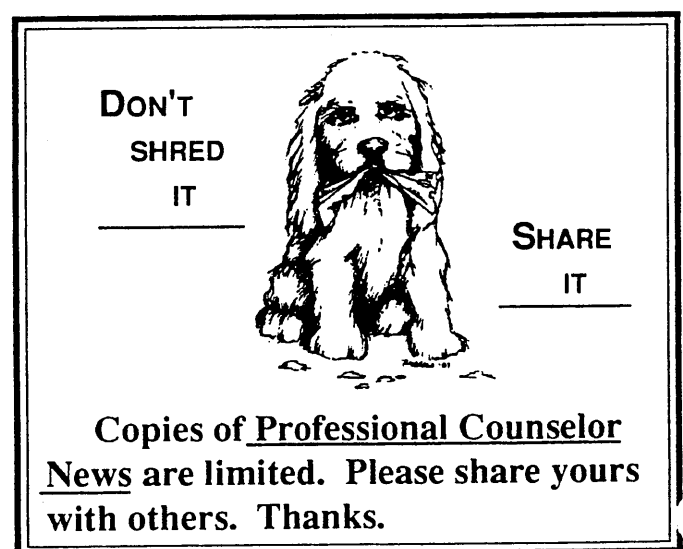
Reciprocity is an emerging hot issue as more jurisdictions credential counselors and counselors become more mobile in moving from state to state.

Initial discussion first differentiated between reciprocity (two states mutually recognizing and accepting the other's licensing of a counselor) and endorsement (one state accepting the other's approval of a candidate but there not necessarily being a reciprocal process.)

Participants thought that the key to developing a system that would allow counselors to move from state to state lay in developing national guidelines for licensure laws and in encouraging states to conform to the national guides.

Continuing education was accepted as necessary for all counselors in the field, but all states which had tried to require this had run into significant problems of enforcement. This problem also was referred to committee for more study.

Outgoing President Dr. Ray Beatty of North Carolina was replaced by Dr. Bob Dingman from West Virginia. The President-elect is Dr. Jane Chauvin of Loyolla University and the Treasurer is Dr. Bill Kecherside from Missouri.



Counselors can play role in preventing anabolic steroid abuse

The Virginia Legislative Task Force on Anabolic Steroids of the Department of Health Professions has recently forwarded its final report to the Governor and the Virginia General Assembly.

The task force, composed of health care professionals and educators, was chaired by Dr. Donald Anderson, Chairman of the Board of Professional Counselors.

Professional Counselors who have interest in knowing more about anabolic steroids will find the report helpful. In a letter to Governor L. Douglas Wilder, Mr. Bernard

L. Henderson, Jr., Director of the Department of Health Professions, stated: "Virginia stands at the forefront of states in understanding and preventing the spread of anabolic steroids misuse."


Included in the 78-page final report is a paper "An Introduction to Anabolic Steroid Abuse for Virginia School Counselors." The paper and guide to educational resources was prepared by Dr. Anderson.

The report characterizes the psychological, social and somatic features of anabolic steroid abuse and reviews materials useful in treatment and prevention efforts. It also provides suggestions on anabolic steroids abuse treatment and describes the role of the school counselor in treatment and case management.

Requests for copies of this report should be sent to the Department of Health Professions.

WHAT DOES THE BOARD OF PROFESSIONAL COUNSELORS DO?

By David E. Hutchins, Ph.D., L.P.C.



The primary responsibility of the Board is to protect the public. A licensed professional counselor uses cognitive, emotional, behavioral and systemic strategies to help eliminate a wide range of disorders that negatively impact people's lives. Because of the Board's activities, the public can be assured that licensed persons meet minimum qualifications of training, experience and ability to practice counseling. In its responsibilities, the Board:

- Examines credentials and conducts written and oral examinations that certify minimal standards of training, experience, and supervised practice as specified by Virginia law and regulations.
- Inquires into charges of malpractice against licensees.
- Reviews regulations to ensure minimal standards for public practice without restricting qualified individuals from practice.
- Maintains open communications between licensees and the general public on all issues related to the practice of professional counseling in Virginia.

Candidates approved for professional counselor licensure - December 1989

Diane J. Abdo
Robert Addleton
Nancy J. Ashley
Daureen Aulenbach
Sigrid Austin
Margaret Barker
Carol A. Barry
Brenda T. Beck
Lois J. Bingham
Carolyn T. Brantley
Barbara G. Brill
Judy H. Buff
Rosemarie R. Campbell
Crystal C. Coombes
Jonathan O. Crook
Sharron L. Dattilo
Kathryn A. Denner
Carolyn G. Dolan
Barbara B. Forbes
Ella M. Harper-Meuller
Frederick H. Hodges
Robert Horne
Julie H. Johnson
William J. Johnson, Jr.
Phyllis J. Jones

Jean L. Kain
Lawrence E. Kennedy
Miriam R. Kennell
Robert D. Kolodner
James E. Leffler
Elizabeth Lopez
Sewell F. McLeod
Carolyn H. Miller
Carolyn T. Moore
V. Morgan Moss, Jr.
David L. Mortellaro
Kathleen L. Murphy
Edward S. Neukrug
Jacalyn R. Paisley
Sharon L. Parker
Rebecca W. Parry
Patricia Powell-Woodbury
Stanley B. Rockwell
Deborah D. Smith
Mark E. Snyder
Jean H. Sweeney
Mary E. Toscani
Avis Nicholson Williams
Joan M. Williamson

Candidates approved for substance abuse counselor certification - December 1989

Charles R. Adcock
Mary Lou Argow
Margaret M. Barker
Alan J. Buncher
Wanda W. Clarkson
John M. Contreras
Crystal C. Coombes
Joyce E. Crawford-Hawthorn
Carolyn E. Croul
Phillip J. Crosson
Michael E. Davidson
John J. Drescher-Lehman
Patricia M. Ellison
Mary L. Fay
Toni P. Fowler
Christine M. Galli
Nancy B. Gates
Larry D. Hammond

Linda J. Hansen
Dennis S. Holman
Sharon V. Hubbard
Lois R. Iadeluca
Connie D. Iott
Robert L. Lynn, III
Melanie E. McQuary
David V. Naylor
Paul F. Proffit
Joy E. Townsend
John A. Trocki
Marie Walding
Jacqueline E. White
Barbara B. Williams
Joyce A. Willis
Pamela G. Wright
Barbara S. Wust
Andrew M. Young

Note



1990 CALENDAR

**Board meetings and examinations scheduled for
the remainder of 1990.**

June 4-7 - Oral examinations for substance abuse
counselor certification and professional counselor licensure

June 8 - Board meeting

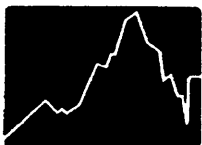
August 2-3 - Board meeting

September 20-21 - Written examination for
professional counselor license and substance abuse
counselor certification.

October 12 - Board meeting

December 10-13 - Oral examination for substance
abuse counselor certification and professional counselor
licensure

December 14 - Board meeting



BOARD OF PROFESSIONAL COUNSELORS
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